Behavioral Risk Factor Surveillance System

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Mammography Use

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The Centers for Disease Control and Prevention (CDC) provide funding and technical assistance to the Behavioral Risk Factor Surveillance System (BRFSS) which was introduced in New York State in 1983 and has been conducted annually since 1985. Standardized questions developed by CDC are administered via a telephone survey. This survey provides state-specific prevalence estimates of diseases and preventable behaviors attributable to early morbidity and mortality. These data are used to assess health-related behaviors, plan and promote health programs and support legislative decisions.

This report describes an analysis of results from the mammography modules adminstered between 1990 and 1994. These modules surveyed frequency of mammography utilization among women ages 40 and older.

The Behavioral Risk Factor Surveillance System – Summary Report is published quarterly. Issues will contain brief summaries on one or more of the risk factors included in each year's survey. Occasionally, issues will summarize special surveys, analysis of trends and more in-depth discussion of specific risk topics. Copies may be obtained by contacting:

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Mammography Use

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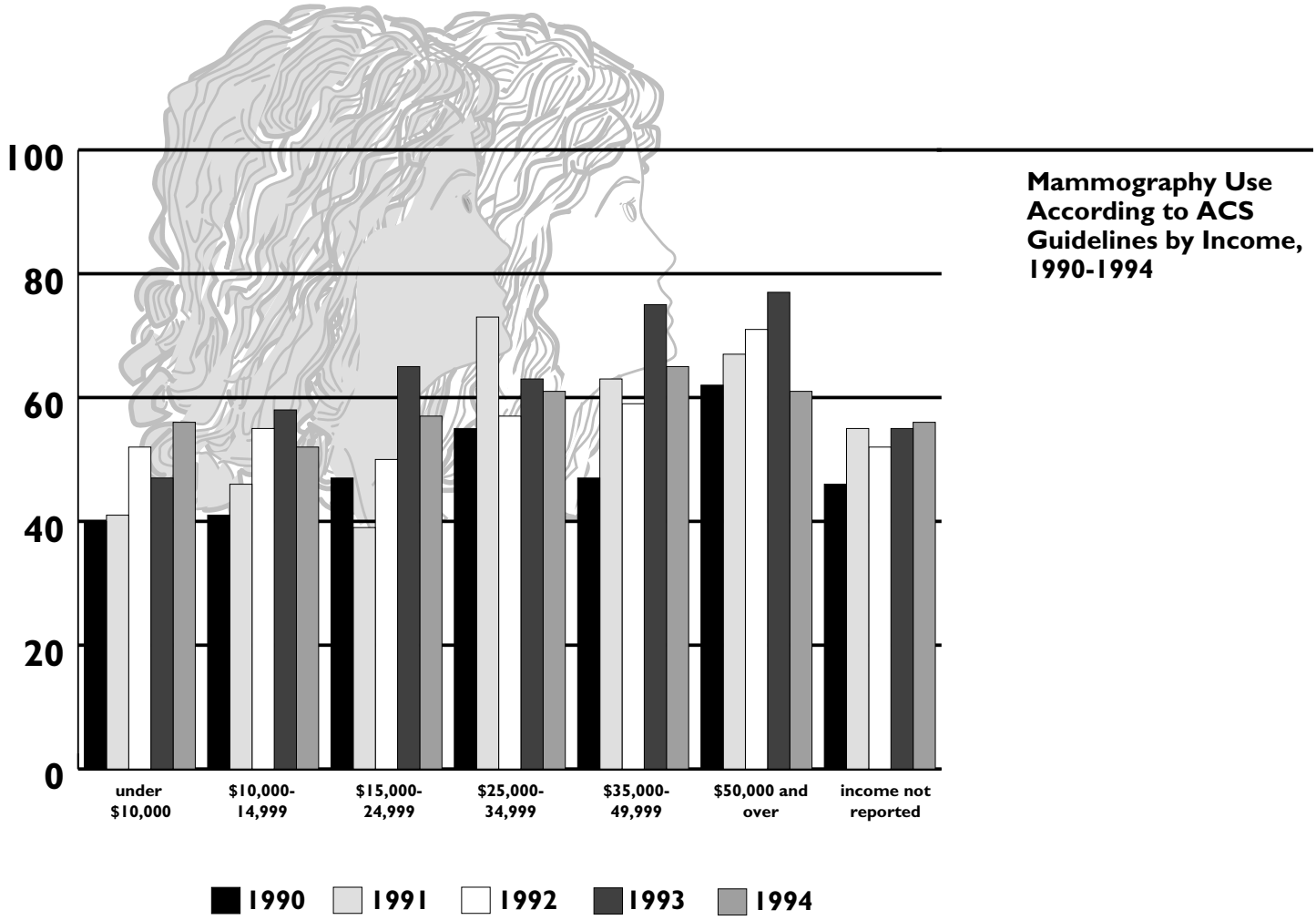
MAMMOGRAPHY USE

Each year in New York State, approximately 11,400 women are newly diagnosed with breast cancer. (1)
Although breast cancer cannot now be prevented, it is very curable, especially when detected early. Nationally, 80 percent of all women diagnosed with breast cancer survive five or more years. Among women whose cancers have not spread beyond the breast, five-year survival rates are nearly 95 percent. (2) Use of regular mammography has been shown to reduce mortality due to breast cancer among women over age 50. (3,4,5,6,7) Women over age 50 are advised to obtain yearly breast cancer screening including clinical breast examination and mammography (8).
Scientists are still examining the effectiveness of mammography in reducing cancer mortality among younger women. Until conclusive evidence of effectiveness is
obtained, some organizations, such as the American Cancer Society, continue to recommend mammography every other year for women ages 40 to 49. (8) The National Cancer Institute does not make recommendations for women in this age group.



Mammography Use According to ACS Guidelines by Income, 1990-1994

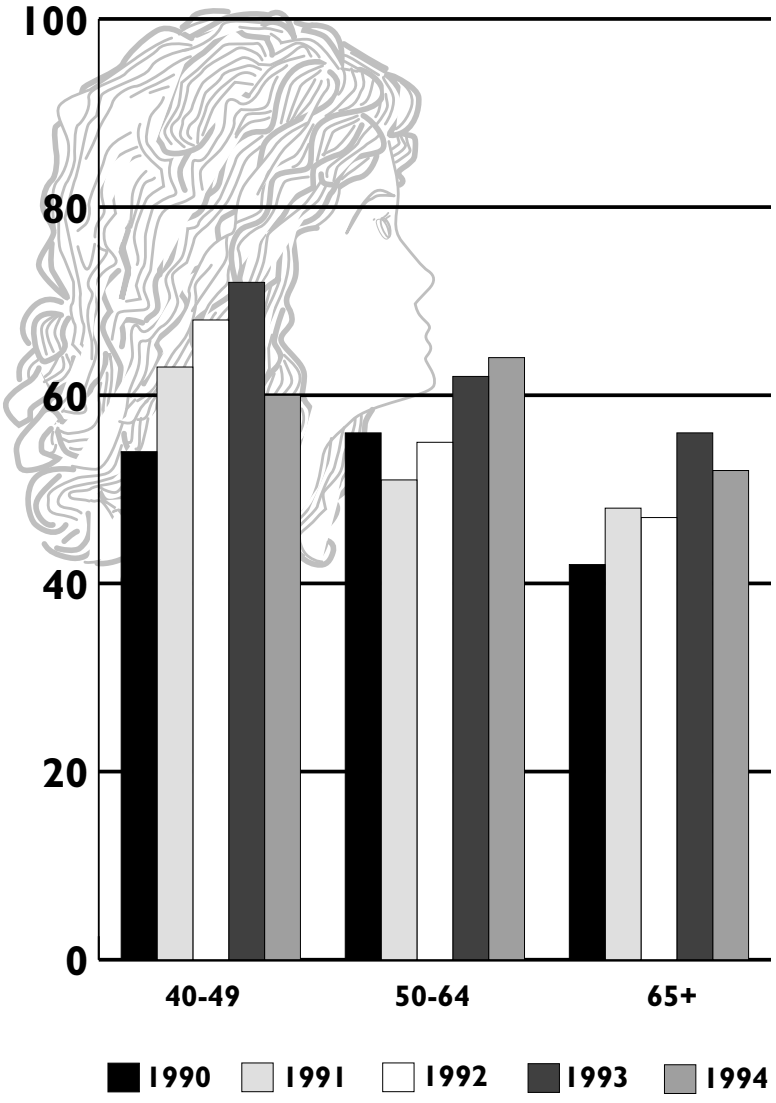
Questions pertaining to mammography use and clinical breast examinations have been included in the BRFSS since 1990. These data can be used to examine trends and identify geographic areas or population groups with lower screening participation. Although the sample size precludes meaningful statistical testing of differences, direction of trends can be examined.

There has been much public discussion about the value of mammography in reducing mortality among women ages 40 to 49. A steadily upward trend of mammography utilization was noted for women in this age group between 1990 and 1993, with 72 percent of women in 1993 reporting a mammogram within the past two years. In 1994, however, only 60 percent of women ages 40 to 49 reported a mammogram within the past two years. In comparison, 64 percent of women ages 50 to 64 had obtained a mammogram in the past year. For women over age 64, 56 percent reported a mammogram in the past year. Healthy People 2000 aims for 60 percent of women over age 50 to have obtained a mammogram within the preceding one to two years. (9) Utilization in future years will be monitored to assess if this one-year decline represents a trend.

Women obtaining a mammogram were asked the reason for the mammogram. In more recent survey years, women who did not report a mammogram were not asked the reason why they did not receive one. Some unscreened women may be unaware of the need for a mammogram; cost may also deter women from obtaining breast cancer screening. Therefore, mammography use by income group was also examined. Although increases in mammography use have generally occurred across all income groups between 1990 and 1993, the gap in screening utilization between women in the lowest income group and those in the higher income groups has widened during this time. Barriers to use of low-cost mammography need to be more fully identified. The decline in reported utilization noted for women ages 40 to 49 was apparent across all income categories, with the exception of an increase among women with under $10,000 in family income.

Cultural and attitudinal factors may also deter women from obtaining mammography. The sample size is too small to estimate mammography use for racial or ethnic groups; this issue is being addressed by means of a special study of black women.

Reported levels of recent (within the past two years) clinical breast examinations have not changed over time comparable to mammography use. Since 1990, reported levels among women age 40 and older have fluctuated by year from a low of 77 percent in 1992 to a high of 83 percent in 1993.



Mammography Use According to ACS Guidelines by Age Group, 1990-1994

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